

UNDERSTANDING AND RESPONDING TO VIOLENCE IN THE WORKPLACE

Department of Health and Human Services

GUIDELINES
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CHAPTER 1: INTRODUCTION

PURPOSE AND SCOPE OF THIS HANDBOOK

The primary purpose of this handbook is to provide guidance to employees of the Department of Health and Human Services (HHS) on managing violent or potentially violent situations. It is intended to make employees aware of the potential for violence in the workplace, to increase their ability to recognize early warning signs of potentially violent situations, and to understand how to respond to actual or potential incidents. This handbook will also provide some prevention ideas. Finally, some additional resources are included for those who want to learn more.

This guidance is general in order to address the wide array of occupations and locations in HHS. It is recognized that many sites and operations have unique risk factors that should be addressed in an expanded strategy which meets these special needs.

All employees (including officers of the Commissioned Corps) and all facilities of HHS are covered by the policies and guidance provided in this handbook. Certain portions of this text may also apply to contractors and visitors to HHS buildings.

The material provided in this handbook will be re-examined periodically to ensure it continues to reflect current knowledge and experience. Revisions will be made if necessary. The authors invite comments from employees of this Department on the content of this handbook.

BACKGROUND

Violence is a complex phenomenon that appears to be increasing in the workplace. An average of 20 workers are murdered each week in the United States. The majority of these murders are robbery-related crimes. In addition, an estimated 1 million workers are assaulted annually in U.S. workplaces. Most of these assaults occur in service settings such as hospitals, nursing homes, and social service agencies. Factors that place workers at risk for violence in the workplace include interacting with the public, exchanging money, delivering goods or services, working late at night or during early morning hours, working alone, guarding valuables or property, and dealing with violent people or volatile situations. (from Violence in the Workplace: Risk Factors and Prevention Strategies; National Institute for Occupational Safety and Health; June 1996; p. ix)

The cost of violence to organizations is staggering.

The National Safe Workplace Institute projects that workplace violence represents a minimum cost to business of \$4.3 billion annually with an average incident cost of \$250,000.

It is impossible to overstate the costs of workplace violence, because a single incident can have such sweeping repercussions. There is the immediate and

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profound loss of life and agonizing psychological repercussions to the victim's family, friends and co-workers. There is the loss of productivity and morale that sweeps through an organization after a violent incident. There is the public relations impact on a company when news of violence reaches the media. And increasingly, there is significant cost to organizations when a court finds them guilty of negligence. (from "Workplace Violence: First Line of Defense," The Employment and Labor Law Series, 1994)

Workplace violence affects other areas as well. The National Safe Workplace Institute has found the adverse impacts on organizations and individuals are wide-ranging and include:

- ▶ psychological damage
 - substance abuse
 - trauma
 - mental health services
 - survivor guilt
 - suicide
- ▶ property damage, theft and sabotage
- ▶ productivity impediments
 - increased turnover
 - absenteeism
 - lower morale
- ▶ diversion of management resources
 - response to crisis and problems
 - costly litigation
- ▶ increased security costs
- ▶ increased workers' compensation costs
- ▶ increased personnel costs (employment, training)

There are many theories about the causes of workplace violence. Research indicates that the probability of workplace violence increases if a number of risk factors are present. These include dealing with the public and the exchange of money. More than half of the workplace homicides occurred in the retail trade and service industries. (NIOSH; 1996; p. 2) Other researchers attribute it to the violent culture in society as a whole. The availability of guns, an inefficient criminal justice system, an unstable economy, instability of home and family life, and the glamorization of violence by the media are mentioned frequently as contributors to violence.

The work environment can also influence the probability for threats and violent behavior. Some of the problems frequently found in workplaces where violence has occurred include chronic labor/management disputes, a rigid authoritarian style of management, insensitive terminations, high number of stressed personnel, improper handling of grievances, and understaffing. Finally,

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violence is often associated with factors related to the individual perpetrator. An individual who commits such acts may have a history of domestic violence, mental health or substance abuse problems, be a loner, have low self-esteem, have a victim mentality, be under extreme stress, or externalize blame or disappointment. It is important to avoid profiling or stereotyping individuals or organizations, however. The presence of any of the above factors does not necessarily indicate a violent act will be carried out. An incident can be the result of any one or a combination of these factors.

HANDBOOK STRUCTURE

The first part of the handbook will explain the nature of violence, including commonly used definitions, and the roles of various HHS staff in addressing the issue (Chapters 1, 2, and 3). Next, the workplace violence policy of this Department is provided as well as information about other policies and procedures which impact these situations (Chapter 4). The following chapters will help employees understand the indicators of a violent or potentially violent situation and how to respond (Chapters 5, 6, and 7). Ideas for prevention are next discussed (Chapter 8). Information about other resources is provided (Chapter 9).



CHAPTER 2: DEFINITIONS

These definitions are provided for use in the context of this document and should not be construed as legal definitions.

WORKPLACE VIOLENCE. An action (verbal, written or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abuse of authority, intimidating or harassing behavior and threats.

ASSAULT. To attack someone physically or verbally, causing bodily or emotional injury, pain and/or distress. This might involve the use of a weapon, and includes actions such as hitting, punching, pushing, poking, or kicking.

CRISIS MANAGEMENT TEAM. A group of agency specialists convened on an ongoing or *ad hoc* basis to implement policies regarding workplace violence; investigate and assess a violent or potentially violent situation; intervene to resolve or diffuse some violent situations (which are not better handled by the police); implement the agency's action plan when required; and/or implement any corrective, preventive or follow-up action during or following an incident of workplace violence. It is not the intention of this team to interfere with official police investigations.

CRITICAL INCIDENT STRESS DEBRIEFING. An element of threat assessment and crisis management involving a meeting or series of meetings held with witnesses, victims or co-workers involved in an incident of workplace violence. It is a counseling protocol for gathering information and responding to the immediate *emotional* needs of employees who have been traumatized. It is conducted by a professional with specialized training. There are a number of phases to the process starting at the normalization of the event and ending with reentry into the workplace.

DANGEROUS WEAPON. A device, instrument, material, or substance (animate or inanimate) that is used for, or is readily capable of, causing death or serious bodily injury. These include guns, knives, clubs, chemicals and explosive devices.

DOMESTIC VIOLENCE. A reference to acts of physical and psychological violence, including harassing or intimidating behavior, that occur as part of personal relationships such as marriages or other intimate relationships. Included in the concept of domestic violence are spousal abuse, abuse among intimates, as well as sexual and physical abuse of children and/or the elderly or the infirmed.

EMPLOYEE ASSISTANCE PROGRAM (EAP). A professional assessment, referral, and short-term counseling service available to all HHS employees and, in some situations, to their

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family members to help with personal problems such as substance abuse, job stress, and family dysfunction which may be affecting work performance. EAP services are voluntary, confidential, and provided at no cost to the employee.

INTIMIDATING OR HARASSING BEHAVIOR. Threats or other conduct which in any way creates a hostile environment, impairs agency operations, or frightens, alarms or inhibits others. Psychological intimidation or harassment includes making statements which are false, malicious, disparaging, derogatory, rude, disrespectful, abusive, obnoxious, insubordinate, or which have the intent to hurt others' reputations. Physical intimidation or harassment may include holding, impeding or blocking movement, following, stalking, touching or any other inappropriate physical contact or advances.

HHS FACILITY. A building, or part thereof, including appurtenant grounds and parking lots, utilized or under the control of, assigned to or leased by or on behalf of HHS and/or its components where its employees or contractors are present for the purpose of performing their official duties.

LOCAL AUTHORITIES. Municipal, county, state, and federal law enforcement (having local responsibilities); or public safety personnel, such as police, fire fighters, arson investigators, bomb/threat investigators, etc., of the civil jurisdictions where HHS facilities are located or acts of violence occur.

SABOTAGE. An act to destroy, damage, incapacitate or contaminate property (animate or inanimate), equipment, supplies or data (e.g., hard copy files and records, computerized information, etc.); to cause injury, illness or death to humans; or to interfere with, disrupt, cripple, disable or hinder the normal operations or missions of this organization.

STALKING. A malicious course of conduct that includes approaching or pursuing another person with intent to place that person in reasonable fear of serious bodily injury or death to him/herself or to a third party.

THREAT. Any oral or written expression or gesture that could be interpreted by a reasonable person as conveying an intent to cause physical harm to persons or property. Statements such as, "I'll get him" or "She won't get away with this" are examples of threatening expressions.



CHAPTER 3: ROLES AND RESPONSIBILITIES

ALL EMPLOYEES (INCLUDING MANAGERS AND SUPERVISORS) ARE RESPONSIBLE FOR:

- ▶ their own behavior and interacting responsibly with fellow employees and their supervisors;
- ▶ promptly reporting, anonymously if necessary, any acts of violence, threats, and similar disruptive behavior in the workplace to appropriate authorities;
- ▶ cooperating fully in investigations/assessments of allegations of workplace violence;
- ▶ seeking appropriate assistance (e.g., Employee Assistance Program or other counseling) if they are experiencing stressful personal or work circumstances, emanating from any source, which may adversely affect their productivity or lead to unacceptable behavior; and,
- ▶ informing appropriate persons in the agency about restraining orders and other protective court orders related to domestic situations so that assistance can be offered at the worksite.

MANAGERS AND SUPERVISORS ARE ADDITIONALLY RESPONSIBLE FOR:

- ▶ ensuring that all employees are fully informed of and understand HHS workplace violence policy and procedures;
- ▶ being cognizant of situations that have the potential to produce violent behavior and promptly addressing them with all concerned parties;
- ▶ being sensitive to stress generated by the workplace and considering changes that could alleviate work-related stress;
- ▶ encouraging employees who show signs of stress or evidence of possible domestic violence to seek and receive assistance, such as that provided by the Employee Assistance Program;
- ▶ documenting and responding to allegations of workplace violence in a timely fashion (this may include referring the case to the local Crisis Management Team and assisting them with any follow-up/investigative activities);
- ▶ assuring that employees have time and opportunity to attend training concerning understanding and responding to threats or violence in the workplace; and
- ▶ consistent with all applicable Federal laws and regulations, ensuring that thorough and appropriate reference screening is performed to avoid hiring individuals with an authenticated history of violent, threatening, or other unacceptable disruptive behavior that would preclude them from performing the duties of the job or place individuals at reasonable risk of serious injury or death.

THE SERVICING PERSONNEL OFFICE IS RESPONSIBLE FOR:

- ▶ assisting in investigating allegations of workplace violence raised by supervisors,

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- law managers, and all other employees or as requested by the Crisis Management Team or enforcement personnel;
- ▶ providing advise and assistance to managers and supervisors regarding employees' personnel and administrative actions related to violent behavior, threats of violence, or other performance and conduct deficiencies;
 - ▶ informing supervisors and managers of the importance and proper methods of screening applicants to avoid hiring an individual with a history of or the potential for violent behavior; and
 - ▶ advising supervisors and managers when a potentially violent situation exists so that corrective action can be taken.

THE SECURITY OFFICE AND FEDERAL POLICE ARE RESPONSIBLE FOR:

- ▶ providing technical advice and support regarding physical security matters;
- ▶ participating in conducting surveys and threat assessments;
- ▶ assisting in the provision of training to managers and supervisors on dealing with violent and threatening behavior in the workplace;
- ▶ assisting with or actually conducting investigations of threats or incidents of workplace violence;
- ▶ acting as liaison with local authorities and outside law enforcement agencies;
- ▶ maintaining an ongoing security awareness program; and
- ▶ making arrests for acts of violence in Government owned and leased buildings, when appropriate and when having authority.

THE EMPLOYEE ASSISTANCE PROGRAM IS RESPONSIBLE FOR:

- ▶ providing consultation and guidance to supervisors in dealing with employees with performance or conduct problems;
- ▶ providing diagnostic counseling for employees experiencing personal problems on and off the job;
- ▶ providing short-term counseling for employees;
- ▶ referring employees needing long-term counseling to appropriate treatment resources;
- ▶ assisting in the provision of training about dealing with violent and threatening behavior in the workplace; and
- ▶ participating in conducting threat assessments.

THE TRAINING OFFICE IS RESPONSIBLE FOR:

- ▶ assisting with the development and delivery of appropriate training and education sessions on violence in the workplace, to include agency policy, warning signs, workforce issues which contribute to stress, response procedures, and prevention techniques;

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- ▶ offering training courses to assist employees to deal with situations which may lead to potential violence, for example, conflict resolution, stress management, and negotiating skills; and
- ▶ implementing violence training plans developed by HHS.

THE UNIONS AND THEIR REPRESENTATIVES ARE RESPONSIBLE FOR:

- ▶ being cognizant of situations that have the potential to produce violence and promptly addressing them with all concerned parties;
- ▶ being sensitive to stress generated by the workplace and assisting employees in alleviating it;
- ▶ encouraging employees who show signs of stress to receive assistance, such as that provided by the Employee Assistance Program;
- ▶ promptly reporting incidents of workplace violence or threats of violence or similar disruptive behavior to appropriate authorities; and
- ▶ advising employees, if they inquire, of the proper procedures for reporting violent behavior.

SAFETY OFFICERS (WHEN AVAILABLE) ARE RESPONSIBLE FOR:

- ▶ gathering incident reports on workplace violence in HHS;
- ▶ preparing trend reports and other analyses of the incident report data;
- ▶ emergency preparedness activities in HHS; and
- ▶ when appropriate, assisting with threat assessment and response activities of the Crisis Management Team.

CHAPTER 4: POLICY AND AUTHORITIES

This chapter outlines some of the more relevant laws, regulations, and HHS policies related to violence in the workplace.

HHS VIOLENCE IN THE WORKPLACE POLICY. In 1996, Secretary Shalala signed a workplace violence policy statement that was distributed to all HHS employees. The policy states that threatening or intimidating behavior and violence in the workplace are unacceptable conduct and will not be tolerated in HHS. It also supports the work of the HHS Workplace Violence Intervention and Prevention Group. Finally, it encourages employees at all levels to report threatening or intimidating behavior to the appropriate authorities in and outside the Department. The entire text of the policy statement issued by Secretary Shalala is included at the end of this chapter.

STANDARDS OF ETHICAL CONDUCT. Threatening or intimidating behavior and violent acts may be viewed as a job conduct problem. In these situations, the Standards of Ethical Conduct may influence sanctions imposed concerning the conduct. The standards were promulgated by the Office of Government Ethics (most recently in February 1993) to ensure that the business of Federal agencies is conducted effectively, objectively, and without improper influence or the appearance of improper influence. They also attempt to ensure that Government employees are persons of integrity and observe high standards of honesty, impartiality, and behavior.

THE REHABILITATION ACT OF 1973 AND THE AMERICANS WITH DISABILITIES ACT (ADA). In 1990, Congress passed the Americans with Disabilities Act. It is a comprehensive anti-discrimination statute that prohibits discrimination against individuals with disabilities in private, state and local government employment, and in the provision of public accommodations, public transportation, state and local government services, and telecommunications. The purposes of the ADA are to provide a clear national mandate to end discrimination against individuals with disabilities (physical and mental) and to provide strong, consistent, enforceable standards prohibiting discrimination against such individuals. For the most part, the Federal Government is exempted from the ADA because it is already covered by similar non-discrimination requirements and additional affirmative employment requirements under Section 501 of the Rehabilitation Act of 1973. However, the ADA made some amendments to the Rehabilitation Act.

The ADA and the Rehabilitation Act are relevant to the issue of workplace violence. Employees who threaten or commit acts of violence may seek protection under the laws because of psychological handicaps that may lead to violence, but the laws do not shield employees from the consequences of violent behavior. Employees must be qualified to perform the basic functions of the job, and in most cases violent behavior will be disqualifying. Victims of threatening or violent behavior may also seek protection after being victimized because they develop emotional

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handicaps that may limit their ability to perform on the job without reasonable accommodation(s).

Regarding employment discrimination and violence, an individual may only be denied employment or discharged where (1) that individual poses a direct threat to the health and safety of others; and (2) the direct threat cannot be reduced or eliminated by a reasonable accommodation without undue hardship. A direct threat of violence is generally understood to mean a specific and significant risk of violence coupled with a high probability of substantial harm. It is determined on a case by case basis. Once it is determined that an individual poses a direct threat to the safety of others, the agency must then determine whether a reasonable accommodation can eliminate or reduce the threat without undue hardship to the agency.

EMPLOYEE ASSISTANCE PROGRAM (EAP). The Employee Assistance Program in HHS was authorized originally in 1970 by Congress through the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act. Since then, this law has been amended by several other laws that expand program coverage, explain its role under the Drug-Free Workplace Act, and assure the confidentiality of client records. The EAP was established Department-wide in HHS in 1979. The program was developed to address deficient work performance, conduct, attendance, reliability, or safety resulting from employees' personal problems.

The basic program philosophy is that when personal problems of all types are effectively dealt with and treated, affected employees are expected to become healthier, better adjusted individuals, who are likely to perform more effectively on the job. The EAP also has a strong preventative philosophy. The EAP plays a critical role in preventing workplace violence through assisting employees with stress or other personal issues that may lead to violence. The EAP also assists victims of threatening or violent behavior by providing counseling and referral for emotional problems that may result from acts of violence. Assistance for entire workgroups is also provided by the EAP after traumatic events.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION STANDARDS (OSHA). The Occupational Safety and Health Administration (OSHA), under the U.S. Department of Labor, establishes standards for maintaining safe work environments. The standards require that each employer furnish to each of its employees, employment and a place of employment that are free from recognized hazards that are causing or are likely to cause death or serious physical harm. OSHA investigates and makes determinations about violations to their standards. To prove a violation, OSHA must find that the employer failed to keep the workplace free of a hazard to which employees of that employer were exposed, the hazard was recognized, the hazard was causing or was likely to cause death or serious physical harm, and there was a feasible and useful method to correct the hazard.

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The relationship between the OSHA standards and workplace violence has been unclear until recently. The standards were not created to cover violence but have increasingly been forced to deal with it as a safety and health issue. OSHA is now developing guidelines to deal with workplace violence. Under the General Duty Clause of the Occupational Safety and Health Act of 1970, employers can now be cited if there is a recognized hazard of workplace violence in their establishments and they do nothing to prevent or abate it.

FAMILY AND MEDICAL LEAVE ACT (FMLA). The Family and Medical Leave Act of 1993 guarantees an eligible worker the right to take up to 12 weeks of unpaid, job protected leave in a year to care for one's own serious health condition or to attend to family members' serious health conditions. If a mental or physical injury occurs due to workplace violence, an employee may be eligible to utilize this leave for care of the injury.

DISCIPLINARY AND ADVERSE ACTIONS. Increasingly, employee and labor relations staff are being asked to handle cases involving the discipline of employees who threaten or actually commit violent acts in this Department. Since this is often a complex issue, employee and labor relations staff need to know how to analyze various warning signs and behaviors to determine whether an employee is a threat and how to react appropriately. The U.S. Office of Personnel Management (OPM), Employee Health Services Policy Center, has developed a guideline which discusses available disciplinary and non-disciplinary personnel actions, disability retirement, and reasonable accommodation for these types of cases. They have also developed a thorough discussion of current case law with regard to violence.

MEDICAL EXAMINATIONS. Supervisors often want to know if the agency can order a medical/psychiatric examination when an employee demonstrates bizarre, threatening, or violent behavior. Agencies may offer an examination at any time they believe there may be a medical or psychiatric reason for unacceptable behavior. However, they may order a general medical exam only in these situations:

- ▶ when the position has medical standards/physical requirements;
- ▶ when the agency has an approved ongoing medical evaluation program (usually applicable in a hospital situation where the agency must ensure that employees have not contracted conditions which would be of danger to themselves or patients);
- ▶ in Continuation of Pay/Workers' Compensation cases to assist in placement efforts; and
- ▶ in reduction-in-force actions if the new position to which the employee would have placement rights has different medical standards than the one currently occupied by the employee.

A psychiatric examination may be ordered only when a general medical examination, properly ordered, indicates no basis or unsafe or inefficient behavior or when such an examination is required by the position.

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FEDERAL PROPERTY MANAGEMENT REGULATIONS. These regulations are promulgated by the General Services Administration (GSA). They contain several provisions prohibiting disruptive conduct in Federal buildings. The regulations prohibit the creation of hazards as well as disturbances of all kinds that disrupt the performance of official job duties. They also prohibit the use of alcohol and drugs and intoxication at work and contain penalties for violations of these regulations. Physical protection and building security is also required to be provided by GSA under these regulations.

WORKERS' COMPENSATION. The role of workers' compensation is significant in workplace violence. Injuries resulting from personal disputes are typically judged compensable, no matter how unusual. But an employee's injury is covered under workers' compensation only if the dispute leading to the injury is related to the employment. In other words, the employee must have been acting within the scope of his or her job when the injury occurred for the injury to be compensable. An employee who commits a violent act in the workplace and who sustains injuries during the course of the violent act, may also be entitled to workers' compensation benefits. There are certain restrictions to the right of recovery of benefits for the perpetrator, however, that make it more difficult to collect benefits.

OTHER RESPONSIBILITIES. Agencies may also need to be aware of other laws and regulations that impact their response to violence in the workplace. For example, most states now have stalking laws that prohibit willful, malicious and repeated following and harassing of another person. These stalking laws would prohibit this type of behavior at work as well. Restraining orders and protective court orders are another measure used in the community for preventing further violence, threats or harassment. They are issued by a court and forbid, for a specified period of time, one party from making contact with another. It is important that appropriate persons in the agency know about these orders so that the individuals can be protected at work, particularly when the two parties work together. Individual states also have laws related to safety and health in the workplace which typically mirror OSHA. Some recognize violence as a workplace hazard and others do not.

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LEARN THE WARNING SIGNS

INTRODUCTION

While they are often preventable, it is still difficult to determine whether or not any particular workplace situation is potentially violent. This is an emotional and complex topic, and decisions about what to do in certain situations are not always straightforward or made in a clearheaded state of mind. In many cases, employees ignore warning signs because they believe they are not important, “that’s just the way Joe is,” or that it is none of their business. In other situations, employees react based on fear and what they believe is the profile of a potentially violent person, not necessarily observed actual behavior. Another major hindrance is not knowing where to go to get help in making determinations regarding real and potential risks.

Actual threats should always be taken seriously and responded to immediately. When there is not an actual threat, judgement and senses should be trusted. “The gut feeling that one gets when talking to people should be respected. If one feels that someone is dangerous, that person should be considered dangerous.” (from Violence in the Workplace, S. Anthony Baron, 1993, p.29)

FORMS OF VIOLENCE

There are many forms of workplace violence. The one form that frequently receives the most attention is workplace homicide. While violence is a substantial contributor to death on the job, it also takes many forms that are non-fatal. Some examples of non-fatal forms are:

- ▶ verbal abuse including offensive, profane and vulgar language;
- ▶ threats (direct or indirect), whether made at work or at home, in person or through letters, phone calls, or electronic mail;
- ▶ physical assault upon oneself or another person;
- ▶ throwing or striking objects;
- ▶ intimidating or frightening others;
- ▶ harassing, stalking, or showing undue focus on another person;
- ▶ concealing or using a weapon;
- ▶ actions which damage, destroy, or sabotage property;
- ▶ physically aggressive acts, such as shaking fists at another person, kicking, pounding on desks, punching a wall, angrily jumping up and down, screaming at others; and
- ▶ bomb threats.

Because of the nature of the services provided by HHS programs, these types of non-fatal incidents may be perpetrated by our clients or patients, particularly in health settings. They may also be committed by co-workers.

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It is important to recognize that violent incidents in the workplace may include acts of domestic violence. Often, co-workers and supervisors believe that domestic violence is something that is not their concern, but a private family matter that should not be brought to work. But the problem is pervasive in the workplace. In a recent study, domestic violence accounted for 27% of violent events in the workplace. (from Workplace Violence Prevention Reporter; October 1996) If the victim has sought shelter, the workplace is sometimes the place she can be found. Occasionally, therefore, the perpetrator will show up at the partner's worksite to carry out acts of violence against her or anyone trying to protect her.

LEVELS OF VIOLENCE

Potentially or actual violent situations among employees typically escalate if not defused. Dr. S. Anthony Baron, author of Violence in the Workplace (1993), identifies three levels of violence and the warning signs that typically occur at each of the levels. These levels may be seen in clients and patients of HHS programs, among co-workers, and others not related to this Department. They are:

Level One (Early Warning Signs)

The person:

- ▶ refuses to cooperate with those in authority;
- ▶ spreads rumors and gossip to harm others;
- ▶ consistently argues with employees/clients/patients;
- ▶ belligerent toward employees/clients/patients;
- ▶ constantly swears at others; and/or
- ▶ makes unwanted sexual comments.

Level Two (Escalation of the Situation)

The person:

- ▶ argues increasingly with customers, vendors, employees, and management;
- ▶ refuses to obey agency policies and procedures;
- ▶ sabotages equipment and steals property for revenge;
- ▶ verbalizes wishes to hurt employees and/or management;
- ▶ sends sexual or violent notes to employees and/or management; and/or
- ▶ sees self as victimized by the Department (me against them).

Level Three (Further Escalation, Usually Resulting in an Emergency Response)

The person frequently displays intense anger resulting in:

- ▶ recurrent suicidal threats;
- ▶ recurrent physical fights;
- ▶ destruction of property;

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- ▶ utilization of weapons to harm others; and/or
- ▶ commission of murder, rape, and/or arson.

A Note About Domestic Violence

Except when those involved in domestic violence are co-workers, most incidents are perpetrated by individuals outside the agency. It is unlikely, therefore, that the levels of violence described above will be evident. There will, however, be early warning signs that this type of violence is escalating outside the workplace. The victim may show symptoms such as increased fear, emotional episodes, signs of physical injury, and other evidence of physical stress such as excessive phone calls. Victims, as well as perpetrators, also show signs of work performance deterioration as described in the next section. By intervening when the early warning signs occur, even though the violence may not yet have been committed at work, it may prevent a serious incident from occurring.

PERFORMANCE INDICATORS

In addition to the indicators described above, there are also a number of additional performance problems that may be warning signs of potential trouble. Research into incidents of workplace violence discloses without exception the presence of at least several of the characteristics described below. These signs may show up in perpetrators of violence, those who are victims, those who fear violence because they are being threatened, and those involved in domestic violence. Although it is possible that only one of these indicators will occur, it is more likely that a pattern will occur or that they will represent a change from normal behavior. Remember that the presence of any of these characteristics does not necessarily mean a violent act will occur. They may be indicators of another type of problem. Examples of performance indicators are listed below.

- ▶ attendance problems: falling within this category are excessive sick leave, excessive tardiness, leaving work early, improbable excuses for absences, higher than average absenteeism rate, on-the-job accidents
- ▶ impact on supervisor's/manager's time: supervisor is spending an inordinate amount of time coaching or counseling the individual concerning personal problems, re-doing the employee's work, or dealing with co-worker concerns
- ▶ decreased productivity: making excessive mistakes, poor judgement, missed deadlines, wasting work time and materials
- ▶ inconsistent work patterns: alternating periods of high and low productivity and quality of work inappropriate reactions: overreaction to criticism, mood swings
- ▶ concentration problems: usually distracted and often has trouble recalling instructions, project details, and deadline requirements
- ▶ safety issues: more accident prone, disregard for personal safety as well as equipment and

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- ▶ machinery safety, needless risks
- ▶ poor health and hygiene: marked changes in personal grooming habits
- ▶ unusual/changed behavior
- ▶ evidence of possible drug or alcohol use/abuse: often the same indicators discussed in this section
- ▶ evidence of serious stress in the employee's personal life: crying, excessive phone calls, recent separation, death of a loved one
- ▶ continual excuses/blame: inability to accept responsibility for even the most inconsequential errors
- ▶ unshakable depression: low energy, little enthusiasm, despair

(Source: Violence in the Workplace, S. Anthony Baron, 1993)

THREAT ASSESSMENT

Determining the seriousness of a violent or stressful situation and how to best intervene is the basis of a threat assessment. The assessment must be performed by a competent professional or group of professionals with experience in this area. Typically, a threat assessment is considered if an employee shows signs of potential trouble. But assessments should also be conducted when there are threats from persons outside the Department or from patients/clients of HHS. While these types do not usually include psychological threat assessments, they do include examining ways to reduce risk of injury such as shifting work patterns if the potential offender is knowledgeable about workplace procedures and time frames. The assessment may also look at the physical security procedures. Resolutions of these kinds of issues may include adding metal detectors, locking remote entrances, training staff on defensive behavior, etc.

When assessing the threat of an employee behaving inappropriately, it should also be performed by competent professionals. One of the most common mistakes made by organizations and managers is to use standard psychiatric/psychological services to assess threats of violence. The professional assessment must be done as part of an integral information gathering and management process. This includes:

- ▶ consultation and coordination with the person asking for assistance;
- ▶ information gathering involving co-workers, supervisors, family, police/criminal records, school records, employment history, military records, credit history, other personnel records;
- ▶ engagement of the accused person; he or she should feel part of this process by being included, rather than excluded; and
- ▶ management involvement with the situation should be on-going and reinforced.

CHAPTER 5: IS THIS A VIOLENT SITUATION? LEARN THE WARNING SIGNS

After the investigation has been completed, a determination will be made regarding the resolution of the incident or potential incident. Resolutions may be many interventions such as disciplinary action, removal from the workaday, police involvement, etc.

CONTACTING THE HHS CRISIS MANAGEMENT TEAM IN YOUR AREA

Threat assessment (as well as actual crisis response) is best handled by a local Crisis Management Team. The team is a group convened to investigate and assess a violent or potentially violent situation. Depending on the situation, the team may intervene to diffuse threatening occurrences or to implement an action plan. Members of the team, whenever possible, should include representatives from the functional areas listed below.

- ▶ security
- ▶ Employee Assistance Program
- ▶ employee/labor relations
- ▶ Equal Employment Opportunity
- ▶ union
- ▶ General Counsel
- ▶ health unit
- ▶ senior management
- ▶ safety officers

If help is needed in assessing whether a situation (such as those described in level 1 above) is potentially violent contact the designated Crisis Management Team leader found at the back of this handbook OR any member of the team, if the leader is not available. The call should be made immediately. If the situation has escalated, contact emergency numbers (such as 911) before contacting the Crisis Management Team. Do not wait if there is imminent danger. See Chapter 6 for more information about responding to violent or potentially violent situations.

If no Crisis Management Team has been established in your location, contact a supervisor or one of the programs listed in this section for assistance in making a threat assessment. Again, contact appropriate law enforcement personnel if there is imminent danger. For more information about establishing a local Crisis Management Team, refer to the HHS Understanding and Responding to Violence in the Workplace Crisis Management Team Guidelines.



CHAPTER 6: RESPONDING TO A VIOLENT SITUATION

INTRODUCTION

Workplace violence, and threatening and similar disruptive actions, are prohibited because they adversely affect safety, morale and productivity. Ignoring an employee or customer who exhibits these behaviors sends the message that such behaviors are acceptable. Consequently, the behaviors are likely to continue and may even increase in frequency and severity. It is, therefore, critical to identify and report the behaviors described in Chapter 5 at the earliest possible moment so that appropriate action can be taken. When the violent or potentially violent person is an employee, it is also important to note that if it becomes necessary to take disciplinary action later based on the threat or act, the fact that the Department took the behavior seriously will strengthen the basis for the disciplinary action.

As stated repeatedly in this guidance, to help prevent incidents in the workplace, **early intervention into potentially violent situations is recommended**. Employees are urged to make use of the resources available to help in managing conflict and stress that may lead to violence. Available resources include but are not limited to supervisors, Employee Assistance Program counselors; union representatives/stewards; human resources and employee/labor relations specialists; building security personnel; and EEO specialists or counselors. Employees are also urged to stay alert to and respond quickly to clients/patients of HHS programs who behave in a threatening manner.

If, however, early intervention is not effective, this chapter describes procedures for handling threatening, intimidating, violent, or similar disruptive behaviors when they escalate. This chapter will also describe some procedures for handling bomb threats and ideas for helping those affected by domestic violence.

WHEN EARLY WARNING SIGNS OCCUR (LEVEL 1)

- ▶ **OBSERVE AND DOCUMENT** (in detail) the behavior in question right after it happens.
- ▶ **REPORT** concerns to supervisor and other appropriate officials. If the offending person is an employee and is the reporting employee's immediate supervisor, the employee should notify the next level of supervision. If the offending person is not an employee, the supervisor of the employee reporting the incident is still the appropriate individual to receive and provide initial response to the report.
- ▶ **CONTACT** HHS' local Crisis Management Team to alert members to any concerns and seek their help in assessing the situation (if you feel it is necessary, submit information anonymously).
- ▶ If the offending person is an employee, the supervisor should **MEET** with him or her to discuss concerns. Follow the procedures below. (Note that many of these steps may also

CHAPTER 6: RESPONDING TO A VIOLENT SITUATION

be useful for dealing with clients/patients of HHS.)

- Schedule private time and place.
- Get straight to the point.
- Ask the employee for his or her input.
- Ask the employee what should be done about the behavior.
- Ask how you can help.
- Identify the performance and/or conduct problems that are of concern.
- Identify the steps you would like to see to correct problems.
- Set limits on what is acceptable behavior and performance.
- Establish time frames to make changes and subsequent consequences for not meeting the deadlines.
- Reward/recognize the desired performance or conduct.
- Frequently at this level it is only necessary to remind the individual of the Department's policies.

WHEN THE SITUATION HAS ESCALATED (LEVEL 2)

- ▶ **DOCUMENT** (in detail) the behavior in question immediately.
- ▶ Immediately **CONTACT** the supervisor, the local Crisis Management Team, and appropriate law enforcement/security officials in your area.
- ▶ If necessary, **SECURE** your own safety and the safety of others, including contacting people who are in danger (make sure emergency numbers for employees are kept up-to-date and accessible).
- ▶ When appropriate, **CONTACT** others who can assist you such as employee relations, union, and the Employee Assistance Program.
- ▶ If you encounter an angry employee or customer/patient:
 - Call for assistance, if possible.
 - Set ground rules/boundaries.
 - Get others away from the person.
 - Avoid an audience.
 - Remain calm, speaking slowly, softly and clearly.
 - Ask the person to sit down; see if he or she is able to follow directions.
 - Ask questions relevant to the person's complaint such as "What can you do to try to regain control of yourself?"; "What can I do to help you regain control?"; "What do you hope to gain by committing violence?"; "Why do you believe you need to be violent to achieve that?"
 - If the person does not calm down, try matching the loudness of his or her voice and gradually bring your

CHAPTER 6: RESPONDING TO A VIOLENT SITUATION

voice down to a calm level.

CHAPTER 6: RESPONDING TO A VIOLENT SITUATION

- Try to direct the aggressive tendencies into another kind of behavior so that the person sees he or she has choices about how to behave.
- ▶ If the offending person is an employee, the supervisor should again **MEET** with him or her to discuss concerns and begin or continue progressive discipline (if appropriate).

IN AN EMERGENCY (LEVEL 3)

Any individual observing violent or threatening behavior which poses an immediate danger to persons or property is expected to:

- ▶ **REMAIN CALM.**
- ▶ First **SECURE** the safety of him/herself.
- ▶ **CALL** 911 and other appropriate emergency contacts (such as building security and the Federal Protective Service) for that particular facility, particularly if the situation requires immediate aid of medical and/or law enforcement personnel.
- ▶ **COOPERATE** with law enforcement personnel when they have responded to the situation. Once law enforcement personnel are on the scene, they will assume control of the situation. Witnesses be prepared to provide a description of the violent or threatening individual, details of what was observed, and the exact location of the incident.
- ▶ **CONTACT** members of the Crisis Management Team so they can convene as quickly as possible.
- ▶ If you are personally confronted by an angry or threatening person, follow the last procedures described in the section above.

HANDLING BOMB THREATS

The U.S. Department of Justice has prepared the following information on handling bomb threats.

It is an unnerving experience for anyone to receive a telephone threat. But there are ways to minimize personal threat and still concentrate on gathering information that may help law enforcement personnel identify the person making the threat. Below is a set of questions to help focus on noticing important information and asking the right questions if a bomb threat is received over the phone. Try to write down exactly what the caller says and then call law enforcement personnel immediately. Obtain the following information.

- ▶ telephone number where the call was received
- ▶ exact time of call
- ▶ exact words of caller
- ▶ answers to these questions:
 - When will the bomb explode?

CHAPTER 6: RESPONDING TO A VIOLENT SITUATION

- Where is the bomb?
 - What does it look like?
 - What kind of bomb is it?
 - What is your name?
 - What is your address?
 - Where are you calling from?
 - Why did you place the bomb?
- Make special note of the following information.
- caller's voice (calm, excited, disguised, accent, etc.)
 - caller's sex
 - caller's age (as determined by voice)
 - voice familiar to you?
 - background noise
 - names of those threatened

DOMESTIC VIOLENCE

In the event that the perpetrator shows up at work (or is a co-worker of the partner) with the intent of harming the partner and any others who happen to be in the way or involved, follow the procedures described above in responding to the immediate crisis.

If you know someone at work who is being affected by domestic violence, whether or not the perpetrator has shown up at work, it is important to provide support and assistance. Not only is the person at risk for more and usually escalated violence, but it has a negative impact on the productivity of the entire workplace. Below are some ideas for helping the co-worker affected by domestic violence.

- Talk to the person about your concerns. Let her know that you are afraid for her safety and the safety of her children. Remind her that it will only get worse. Let her know that you will assist her in locating resources and developing a safety plan.
- Contact the Employee Assistance Program for more information.
- Recommend that she call the National Domestic Violence Hotline for more information about domestic violence or to help her find local resources. The number is 800-799-SAFE (7233) or for the hearing impaired 800-787-3224. Also recommend that she contact the HHS Employee Assistance Program where she can also get help in understanding and responding to the problem.
- Recommend that a workplace safety plan be developed in case an incident occurs at the workplace. Think about the safety of the individual as well as everyone around her. Don't be a hero if the perpetrator shows up at work. Follow the safety plan and go for help.



CHAPTER 7: AFTER THE FACT

INTRODUCTION

No matter how effective HHS' policies and plans are in detecting and preventing incidents, there are no guarantees against workplace violence. Even the most responsive employers face this issue. When violent incidents do occur, it is essential the response be timely, appropriate to the situation, and carried out with the recognition that employees are traumatized and their aftermath has just begun. Michael Mantell, in the book Ticking Bombs (1994), makes this observation:

Any real trauma moves the majority of people out of their respective "comfort zones" and into a state of highly stressful disequilibrium. The surviving victims of workplace violence, the eyewitnesses to the event, the people related to the victims, witnesses, or suspects, and the company as a living entity all get thrown off balance. How they come back to a positive state of equilibrium and, in effect, "recover" their balance after what has happened to or around them largely depends on what kind of psychological care they get from the people who respond to their need for help. (pg 222)

This chapter will provide some information which will help in understanding the short- and long-term effects as well as information on the best ways to respond to the emotional, organizational, security, and other needs that are present after a violent event.

FIRST THINGS FIRST

After a violent or traumatic event has occurred, there are immediate procedures that must be put into place to address certain questions and needs. **Every work organization should have the procedures put in place BEFORE an incident occurs. Experts recommend that these procedures be tested through role-playing hypothetical cases with management and members of the Crisis Management Team.** Below is a list of such procedures. There may be additional ones based on the specific location of the event.

- ▶ Notify the chain of command in HHS, including the Crisis Management Team. Contact the Office of the General Counsel, the Employee Assistance Program and other Departmental units that can be of assistance (if not already on your local Crisis Management Team), if appropriate. The Crisis Management Team will immediately coordinate the debriefing process.
- ▶ When appropriate, notify local authorities, medical, fire, police.
- ▶ Determine the immediate safety of the workplace- do areas have to be secured, are there employees who need to be evacuated, etc.
- ▶ Find out what information is available on the incident- who are the witnesses, were pictures taken, what are the local authorities investigating and what is HHS' proper

CHAPTER 7: AFTER THE FACT

- relationship with them.
- ▶ Determine if there are public relations concerns and, if so, contact Public Affairs for control of this information, reporters, etc.
- ▶ Determine if there are people to be notified who are external to the organization such as family members.
- ▶ Locate any equipment that needs to be utilized to handle the crisis such as computers to access employee records, cellular phones, first aid, etc.
- ▶ Show employees and customers that the Department cares about them.

HOW TRAUMAS AFFECT EMPLOYEES

Following a violent incident, employees experience three stages of “crisis reactions” to varying degrees:

STAGE ONE. In this stage, the employee experiences emotional reactions characterized by shock, disbelief, denial, or numbness. Physically, the employee experiences shock or a fight-or-flight survival reaction in which the heart rate increases, perceptual senses become heightened or distorted, and adrenaline levels increase to meet a real or perceived threat.

STAGE TWO. This is the “impact” stage where the employee may feel a variety of intense emotions, including anger, rage, fear, terror, grief, sorrow, confusion, helplessness, guilt, depression or withdrawal. This stage may last a few days, a few weeks, or a few months.

STAGE THREE. This is the “reconciliation stage” in which the employee tries to make sense out of the event, understand its impact, and, through trial and error, reach closure of the event so it does not interfere with his or her ability to function and grow.

While it is difficult to predict how an incident will affect a given individual, several factors influence the subjective intensity of trauma. These factors include the duration of the event, the amount of terror or horror the victim experienced, the sense of personal control (or lack thereof) the employee had during the incident, and the amount of injury or loss the victim experienced (i.e., loss of property, self-esteem, physical well-being, etc.). Other variables include the person’s previous victimization experiences, recent losses such as the death of a family member, and other intense stresses.

(Source: “Helping the Employee Recover from the Trauma of Workplace Violence,” Kenneth Wolf et al, EAP Digest, March/April 1994)

THE CRITICAL INCIDENT DEBRIEFING PROCESS

Providing crisis intervention and counseling assistance within the first 24 to 72 hours after a

CHAPTER 7: AFTER THE FACT

violent event is essential. Jeffrey Mitchell, from the University of Maryland, developed a protocol for gathering information and responding to the immediate emotional needs of employees who have been traumatized. It is called the Critical Incident Stress Debriefing (CISD) process. In HHS, this process will be coordinated by the Crisis Management Team. This counseling process is conducted by a professional with CISD training. The phases are described below.

- ▶ introductory: normalize event; support
- ▶ fact phase: let people talk about what happened (heard, saw, smelled, etc.)
- ▶ thought phase: move from cognitive experience to emotional
- ▶ reaction phase: feeling/emotional state
- ▶ symptoms phase: determining the signals of life changes such as physical complaints and behavioral changes
- ▶ teaching phase: cognitive learning about symptoms; normalizing experiences and reactions
- ▶ reentry phase: plan of action; follow-up; referral to additional information sources and long-term counseling, if necessary

The phases last different periods of time for each person, particularly the later ones. An individual may get stuck at a certain phase depending on the factors discussed in the previous section.

CONSIDERATIONS FOR MANAGEMENT

Supervisors and managers play a critical role in responding to the immediate and long-term needs of employees. The following suggestions are provided for supervisory staff in handling employees after a violent event:

- ▶ Be sensitive to the “invisible” or emotional injuries described above.
- ▶ Observe the ripple effect of these events; the range of those impacted typically grows.
- ▶ Be sure the employee is not always isolated.
- ▶ Control media access to employees.
- ▶ Do not joke about the event.
- ▶ Do not trivialize the event - “It could have been worse”.
- ▶ Suggest help through the EAP or other trauma interveners if symptoms and job performance changes do not normalize.

HELPING YOURSELF

There are a number of things employees can do to help themselves get through a traumatic event, particularly if a victim. In addition to availing themselves of help being offered by the

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Department, these ideas may help with the management of physical and emotional effects:

- ▶ Diet and exercise: eat balanced meals, keep stimulants to a minimum, do not use alcohol and drugs to cope, exercise regularly after the first 24 hours following the incident.
- ▶ Sleep: maintain a normal schedule, use relaxation techniques to help fall asleep.
- ▶ Talk: use social support systems, talk about the incident .
- ▶ Life-style: set realistic expectations, maintain a normal schedule, avoid boredom, don't fight flashbacks, take time to do enjoyable things.
- ▶ Get outside help when needed: seek medical assistance, plan for your safety, obtain counseling for trauma/stress, obtain referrals to community facilities.



CHAPTER 8: PREVENTION

One of the major components of a workplace violence strategy is prevention. This chapter will focus on measures that can be taken to prevent inappropriate, threatening, intimidating, violent, or potentially violent behavior.

POLICY

Chapter 4 contains a copy of the Secretary's written policy statement regarding intimidating or violent behavior in HHS. Becoming familiar with this policy is an important step in preventing workplace violence. It is imperative that all employees, including managers and supervisors, understand this policy. Clients/patients of HHS may also need to become familiar with these policies.

All managers and supervisors are expected to discuss the policy with their respective staff members so that they understand how to handle intimidating, threatening, or violent incidents as well as understand the consequences of such behavior (such as disciplinary and/or adverse action up to and including removal and criminal charges).

WORK ENVIRONMENT

The best prevention strategy is to maintain an environment which minimizes negative feelings such as isolation, resentment and hostility among employees as well as provides for the safety and security of all employees. Although no workplace can be perceived as perfect by every employee, there are several steps that management can take to help create a professional, healthy, and caring climate. These include:

- ▶ promoting sincere, open communication among management and employees;
- ▶ offering opportunities for advancement and professional development;
- ▶ fostering family activities and social opportunities open to all staff members;
- ▶ maintaining mechanisms for complaints and concerns and allowing them to be expressed in a non-judgmental forum that includes feedback to the initiator;
- ▶ taking a sincere interest in "quality of life" issues such as facilities, job satisfaction and recreation opportunities;
- ▶ taking threats seriously and taking appropriate and timely action; and
- ▶ maintaining fair treatment and discipline for all employees exhibiting improper conduct and performance.

EMPLOYMENT SCREENING

Another essential prevention measure is careful and thorough screening of pre-employment references to avoid hiring potentially dangerous individuals. Prior to hiring an employee, the supervisor/agency should check with its servicing personnel office to determine what

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employment screening techniques (such as interviewing questions, background and reference checks, and drug testing) are appropriate for the position under consideration and that are consistent with Federal laws and regulations. Pre-employment screening is a critical and sensitive part of workplace violence prevention and should receive due investigation and care in its implementation.

WEAPONS

As part of HHS' violence prevention efforts, it is important to stress compliance with appropriate statutory and regulatory requirements. All HHS facilities are Federal facilities. Therefore, possession or use of firearms and other dangerous weapons on the property (Government owned or leased, including grounds, parking lots and buildings) of all HHS facilities is illegal. Federal law states in part:

Whoever knowingly possesses or causes to be present a firearm or other dangerous weapon in a Federal facility, or attempts to do so, shall be imprisoned not more than 1 year or fined in accordance with Title 18, or both. (Certain exceptions apply 18 U.S.C. Section 930(c).)

Whoever with intent that a firearm or other dangerous weapon be used in the commission of a crime, knowingly possesses or causes to be present such firearm or dangerous weapon, in a Federal facility, or attempts to do so, shall be imprisoned not more than five years, or fined in accordance with Title 18, or both.

Any HHS employee who violates prohibitions on possession of weapons in HHS facilities will be prosecuted and/or appropriately disciplined (up to and including removal from Federal service). If an HHS employee is aware of someone being on HHS facilities with a prohibited weapon, the employee should immediately report it to a building security official, a supervisor, or other appropriate authority.

SECURITY

Maintaining a physically safe work place is part of any good prevention program. HHS facilities use a variety of security measures to help ensure safety. Compliance with these measures is critical and is what keeps employees safe. These measures include:

- ▶ the Federal Protective Service or a designated security officer to respond to emergencies;
- ▶ employee photo identification badges and individually coded card keys for access to buildings and areas within buildings according to individual needs;
- ▶ on-site guard services;
- ▶ guard force assistance in registering, badging and directing visitors in larger facilities;

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- ▶ other appropriate security measures; and
- ▶ security surveys to determine physical security posture of building(s).

Additional law enforcement assistance is available through local police departments for emergency situations. Employees should notify the appropriate security office or designated police of suspicious or unauthorized individuals on HHS property.

EDUCATION

Training and education are also critical components of any prevention strategy. The following types of training are effective in preventing violence and other threatening behavior and are recommended for employees of HHS.

- ▶ awareness training programs for employees and supervisors in workplace violence - what it is, what to do when faced with possible problems, employee and management responsibilities, early intervention techniques, identity of Crisis Management Team members, etc.
- ▶ training for supervisors to increase their understanding of, and requirements and techniques for, screening applicants during the recruitment process to identify indicators of violent behavior as well as privacy issues
- ▶ training on conflict resolution and stress management offering techniques and skills to deal effectively with conflict and reduce stress

EARLY INTERVENTION

Intervening early in a threatening or potentially violent situation is vital to preventing its escalation. There are many intervention options, and they vary greatly depending upon the situation. Early intervention may diffuse the initial situation and give the supervisor and others involved an opportunity to more thoroughly review options for resolution. Intervention sets the tone for how the situation will be resolved so it must be handled deftly. Procedures for assessing, reporting, and acting upon allegations of threatening, intimidating, violent or similar disruptive behavior are described in Chapters 5, 6, and 7.

CHAPTER 9: RESOURCE GUIDE

The Department has not evaluated all sources listed below and makes no endorsement as to their quality or suitability. Resources include only government organizations and professional associations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

HHS Workplace Violence Intervention and Prevention Group (Ad Hoc; Policy Oversight)

Contact: ASMB, Office of Human Resources

Telephone: (202) 690-8229

HHS Local Crisis Management Team

Contact:

Telephone:

Centers For Disease Control and Prevention

National Institute for Occupational Safety & Health (NIOSH)

4676 Columbia Parkway

Cincinnati, OH 45226-1998

(800) 356-4674

NIOSH provides a number of publications regarding risk factors and prevention strategies as well as search services. The toll-free number is open from 9:00 a.m. - 4:00 p.m. EST. Upon request, information sheets can be faxed. A 3-pocket guide, "Homicide in the Workplace" is also available.

National Institutes of Health

National Institute of Mental Health (NIMH)

5600 Fishers Lane, Room 7C02

Rockville, MD 20857

(301) 496-4513

In addition to other literature, NIMH publishes two free publications on depression (which has been found to be a factor in workplace violence), "What To Do If An Employee Is Depressed," and "Managing Depression in the Workplace."

National Domestic Violence Hotline

(800) 799-SAFE or (800) 787-3224 (TDD)

CHAPTER 9: RESOURCE GUIDE

U.S. Public Health Service

Office on Women's Health
200 Independence Avenue, S.W.
Room 730B
Washington, DC 20201
(202) 690-7650

Provides information, brochures, fact sheets, etc. on all matters related to women's health including violence against women.

ADDITIONAL FEDERAL GOVERNMENT INFORMATION:

Department of Agriculture (USDA) Graduate School

Center for Applied Management
600 Maryland Avenue, S.W.
Room 108
Washington, DC 20024
(202) 401-9119

USDA offers several courses for managers, supervisors and staff. USDA trainers will tailor training courses to accommodate the specific needs agencies or departments. Courses are offered on-site and at the USDA Graduate School.

Department of Justice

National Criminal Justice Reference Service
Bureau of Justice Assistance Clearinghouse (BJAC)
(800) 688-4252

BJAC has available to the public a catalog of National Institute of Justice documents. Many of the documents included in the catalog pertain to workplace violence.

Department of Labor (DOL)

Occupational, Safety and Health Administration
200 Constitution Avenue, N.W.
Room N3107
Washington, DC 20210
Publications: (202) 219-4667
General information: (202) 219-8031

DOL publishes a free pamphlet, "Workplace Violence," available through the publications telephone number.

CHAPTER 9: RESOURCE GUIDE

General Services Administration (GSA)

Inter-Agency Training
Crystal Gateway 4
Suite 900
1213 Jefferson Davis Highway
Arlington, VA 22202
(800) 489-7824

GSA offers training for managers, supervisors and staff. Training is conducted at GSA headquarters and on-site. Trainers will design courses to address specific needs of an agency or office. GSA is also responsible for the Federal Protective Service.

OTHER ORGANIZATIONS ASSISTING WITH WORKPLACE VIOLENCE ISSUES:

American Management Association (AMA)

9 Galen Street
Watertown, MA 02172
(800) 225-3215

AMA provides training for managers and supervisors on violence in the workplace. Trainers will provide on-site training.

American Psychiatric Association (APA)

Division of Public Affairs
1400 K Street, N.W.
Washington, DC 20005
(202) 682-6000

The APA publishes a free pamphlet, "Violence and Mental Health."
The library is open to the public, by appointment,
Monday - Friday, 9:30 a.m.- 3:00 p.m.

American Psychological Association (APA)

1200 17th Street, N.W.
Washington, DC 20036
(202) 955-7600
For book/pamphlet orders: (800) 374-2721

An APA publication, "The Psychology of Violence," is available free through their toll-free number.

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Crime Victims Research and Treatment Center

Medical University of South Carolina
Charleston, SC 29425
(803) 792-2945

The Center provides information about sexual harassment in the workplace.

Harvard University

School of Public Health
Violence Prevention Program
677 Huntington Avenue
Cambridge, MA 02115
(617) 432-0814

This program offers information about violence, including the prevention of violence, and program evaluation.

International Critical Incident Stress Foundation

5018 Dorsey Hall Drive, Suite 104
Ellicott City, MD 21042
(410) 730-4311

The Foundation provides training on stress reduction and literature on the prevention of workplace violence. They also certify practitioners of Critical Incident Stress Debriefing.

National Crime Prevention Council

1700 K Street, N.W., Suite 618
Washington, DC 20006
(202) 466-6272

NCPC publishes, "Taking a Stand," a kit on the prevention of crime and violence. There is a charge. Workplace, home and community concerns are addressed.

Office for Victims of Crime

633 Indiana Avenue, N.W.
Room 1342
Washington, DC 20024
(202) 307-0774

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Workplace Violence Research Institute

160 Newport Center Drive, Suite 210
Newport Beach, CA 92660-6910
(714) 720-0854

American Society for Industrial Security

1655 N. Fort Myer Drive
Suite 1200
Arlington, VA 22209
(703) 522-5800

Provide a number of services and publications regarding workplace violence.

COMPUTER SYSTEM:

PAVNET

Accessible through the Internet, PAVNET is a clearing house with over 500 entries on violence. Information in PAVNET includes: funding grants, research projects, grass-roots efforts to address violence, and curriculum development. Government and non-government organizations addressing the subject of violence are listed.

LOCAL RESOURCES (COMPLETE THIS AT LOCAL LEVEL):

Local police: _____

(As a community service, many police precincts have police volunteers who will give talks on violence and crime to businesses and communities.)

Fire department: _____

Building security: _____

Chamber of commerce: _____

Others: _____

National Domestic Violence Hotline: 800-799-SAFE (7233) or 800-787-3224 (TDD)